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A Appendix

Appendix 1

Optional Documentation Form to Document PCW Experience

AGENCY NAME: _____
ADDRESS: _____ PHONE NO. _____

PERSONAL CARE WORKER EXPERIENCE CHECK

Client Name: _____ Applicant Name: _____
Address: _____ Address: _____

DESCRIPTION OF PERSONAL CARES PERFORMED BY APPLICANT:

Duties performed: _____

Dates: from _____ to _____

Years: _____

Months: _____

How well did the applicant perform his/her duties? _____
?

Did the applicant respect your property? _____

Was the applicant always on time? _____

Did the applicant get along with other family members? _____

Were the cares provided standard or would you consider them to be exceptional? _____

Explain: _____

Would you recommend the applicant as an excellent care giver? _____

If not, please give the reasons: _____

Comments: _____

Signature: _____ Date: _____

Appendix 2

Optional Documentation Form for Travel Time and Time of Service

In order to meet the requirements of reporting personal care and travel time, schedules must be kept showing the name of the client serviced, employee providing service, and where both the client and the employee reside. This would facilitate an internal or external review of employee documented travel time.

Client's Name _____ HHA/PCW Charting Form YEAR _____
Client # _____

TRAVEL TIME									
DAY	DATE	FROM WHERE	Travel TO Client			Travel FROM Client		TO WHERE	Total Miles
			Time Begin	Time End	Total Miles	Time Begin	Time End		
SAT									
SUN									
MON									
TUE									
WED									
THUR									
FRI									
			Weekly Total =					Weekly Total =	

TIME OF SERVICE	SAT	SUN	MON	TUE	WED	THUR	FRI	Weekly Total
Date:								
Dress/Undress								
TEDS Stocking								
Tub Bath								
Bed Bath								
Shower								
Hair: Comb/Brush/Shampoo								
Oral Care								
Preventive Skin Care								
Shaving								
Nail Care								
Glasses/Hearing Aid								
Ambulation (walking)								
Mech. Transfer/Hoyer								
Transfer								
Positioning								
Toileting								
Incontinent Care								
Catheter Care								
Bowel Routine								
Apply/Remove splints/braces								
Range of Motion Exercises								
Accompany to Medical Appt.								
Measure I and O								
T, P, R, BP								
Meal Prep/Feeding								
Make Bed/Change Linen								
Laundry								
Dust/Clean								
Wash Dishes								
Safety Precautions:								
Other:								
Changes to Report	Y N	Y N	Y N	Y N	Y N	Y N	Y N	Y N

Comments: _____

PCW/HHA Signature _____ Print HHA/PCW Name _____ Empl. # _____
Client Signature _____ RN Signature _____ Review Date _____

Appendix 3

Example of Optional Documentation Form for Travel Time and Time of Service

In order to meet the requirements of reporting personal care and travel time, schedules must be kept showing the name of the client serviced, employee providing service, and where both the client and the employee reside. This would facilitate an internal or external review of employee documented travel time.

HHA/PCW Charting Form
Client's Name I.M Recipient

YEAR 1999
Client # 10xs

TRAVEL TIME									
DAY	DATE	FROM WHERE	Travel TO Client			Travel FROM Client		TO WHERE	Total Miles
			Time Begin	Time End	Total Miles	Time Begin	Time End		
SAT	2/1/99	HOME	7:30am	7:55am	6	10:05am	10:30am	OFFICE	6
SUN									
MON									
TUE									
WED									
THUR									
FRI									
Weekly Total =						Weekly Total =			

TIME OF SERVICE	8-10am							Weekly Total
	SAT	SUN	MON	TUE	WED	THUR	FRI	
Date:	2/1/99							
Dress/Undress								
TEDS Stocking								
Tub Bath	* ✓							
Bed Bath								
Shower								
Hair: Comb/Brush/Shampoo	✓							
Oral Care	✓							
Preventive Skin Care	✓							
Shaving								
Nail Care	✓							
Glasses/Hearing Aid								
Ambulation (walking)								
Mech. Transfer/Hoyer								
Transfer								
Positioning								
Toileting	✓							
Incontinent Care								
Catheter Care								
Bowel Routine								
Apply/Remove splints/braces								
Range of Motion Exercises	✓							
Accompany to Medical Appt.								
Measure I and O								
T, P, R, BP								
Meal Prep/Feeding								
Make Bed/Change Linen	✓							
Laundry								
Dust/Clean								
Wash Dishes								
Safety Precautions:								
Other:								
Changes to Report	Y N	Y N	Y N	Y N	Y N	Y N	Y N	

Comments:

I.M. Caregiver
PCW/HHA Signature

I.M. Caregiver
Print HHA/PCW Name

xxxxxxx
Empl. #

Client Signature I.M. Recipient RN Signature I. M. Nurse Review Date xxxxxx

* Agencies utilizing multiple funding sources for extended visits may want to indicate minutes of care provided instead of check marks for each date of service.

Appendix 4

Optional Employee/Recipient Roster

Employee Name: Jane Brown #40
Home Address: 6 S. Lane Rd. Hometown, WI 12345
Phone: (608) 222-2222
DOB: 05/08/61
SS#: 476-31-1111
Orient: 08/10/96

Client Name: Joe Doe
Client Address: 4 E. Troy St. Hometown, WI 12345
Time of Service: 10 AM - 12:00
Mileage to client's house: 6 miles

Client Name:
Client Address:
Time of Service:
Mileage to client's house:

Client Name:
Client Address:
Time of Service:
Mileage to client's house:

Client Name:
Client Address:
Time of Service:
Mileage to client's house:

Client Name:
Client Address:
Time of Service:
Mileage to client's house:

Client Name:
Client Address:
Time of Service:
Mileage to client's house:

Glossary of Common Terms

Case sharing

Case sharing occurs when more than one Medicaid-certified home care provider provides care to a recipient.

Copayment

Copayment is the portion of the provider's reimbursement that is paid by certain adult Medicaid recipients for certain medical services.

Department of Health and Family Services (DHFS)

The Wisconsin Department of Health and Family Services (also referred to as the Department) administers Medicaid. Its primary mission is to foster healthy, self-reliant individuals and families by promoting independence and community responsibility; strengthening families; encouraging healthy behaviors; protecting vulnerable children, adults, and families; preventing individual and social problems; and providing services of value to taxpayers.

Disposable medical supplies (DMS)

Disposable medical supplies are medically necessary items which have a very limited life expectancy and are consumable, expendable, disposable, or nondurable.

Division of Health Care Financing (DHCF)

The Division of Health Care Financing is the division in the DHFS responsible for administration of the Medicaid program.

Durable medical equipment (DME)

Durable medical equipment is equipment which can withstand repeated use, is primarily used for medical purposes, is generally not useful to a person in the absence of illness or injury, and is appropriate for use in the home (examples - wheelchairs, hospital beds, and side rails).

Eligibility Verification System (EVS)

Providers can use the Eligibility Verification System to verify if recipients are eligible for Medicaid. The EVS also tells providers if the recipient is enrolled in a Medicaid HMO, has private health insurance coverage, or is in a restricted benefit category.

Home health (HH) agency

A home health agency is a public agency or private organization, or a subdivision of the agency or organization which is primarily engaged in providing skilled

nursing services and other therapeutic services to a recipient at the recipient's place of residence. Home health agencies are licensed under Chap. 50, Wis. Stats., and HFS 133, Wis. Admin. Code.

Independent living center

An independent living center is a community-based, nonresidential, private, nonprofit agency defined in s. 46.96(1)(ah), Wis. Stats., that vests power and authority in individuals with disabilities, that is designed and operated within a local community by individuals with disabilities and that provides an array of independent living services.

Medicaid

Medicaid is a joint federal/state program established in 1965 under Title XIX of the Social Security Act to pay for medical services for people with disabilities, people 65 years and older, children and their caretakers, and pregnant women who meet the program's financial requirements.

Medicare

Medicare is a national health insurance program for people 65 years of age and older, certain younger people with disabilities, and people with kidney failure. It is divided into two parts: Hospital Insurance (Part A) and Medical Insurance (Part B).

Personal care services

Personal care services are medically oriented activities related to assisting a recipient with activities of daily living necessary to maintain the recipient in his or her place of residence in the community.

Personal care worker (PCW)

A personal care worker is an individual employed by a personal care provider certified under HFS 105.17, Wis. Admin. Code, or under contract to the personal care provider to provide personal care services under the supervision of a registered nurse.

Place of residence

A recipient's place of residence (or home) is where the recipient lives and sleeps. For the provision of Wisconsin Medicaid personal care services, a recipient's home may not be a hospital, nursing home, or a community-based residential facility (CBRF) with 20 or more beds. For CBRFs with fewer than 20 beds and for adult family homes, the Wisconsin Medicaid personal care provider should review the contract between the

Glossary (continued)

recipient and the facility, and the contract between the facility and the county before providing care to avoid duplicate billing.

Plan of Care (POC)

A written plan of care for a recipient is developed by an RN supervisor based on physician orders in collaboration with the recipient/family, and approved by the physician. The purpose of the POC is to provide necessary and appropriate services, allow appropriate assignment of a PCW, set standards for personal care activities, and give full consideration to the recipient's preferences for service arrangements and choice of PCWs. The POC is based on a visit to the recipient's home and includes a review and interpretation of the physician's orders; evaluation of the recipient's needs and preferences; assessment of the recipient's social and physical environment, including family involvement, living conditions, the recipient's level of functioning and any pertinent cultural factors such as language; and the frequency and anticipated duration of service.

Provider

A personal care provider is a home health agency, county department, independent living center, tribe, or public health agency that has been certified by Wisconsin Medicaid to provide personal care services to recipients and to be reimbursed by Wisconsin Medicaid for those services.

Recipient

A recipient is a person who is eligible to receive benefits under Medicaid and is enrolled in the Medicaid program.

Registered nurse (RN)

A registered nurse is a person who holds a current Wisconsin license as a registered nurse under ch. 441, Wis. Stats., or, if practicing in another state, is licensed with the appropriate licensing agency in that state.

Supervision

Supervision of personal care services is required to be performed by a qualified RN who reviews the Plan of Care (POC), evaluates the recipient's condition, and observes the personal care worker (PCW) performing assigned tasks at least every 60 days. Supervision requires intermittent face-to-face contact between supervisor and assistant and regular review of the assistant's work by the supervisor according to HFS

101.03(173), Wis. Admin. Code. Supervisory review includes:

- A visit to the recipient's home.
- Review of the PCWs daily written record.
- Discussions with the physician of any necessary changes in the POC, according to HFS 107.112(3)(c), Wis. Admin. Code.

Usual and customary charge

The usual and customary charge is the provider's charge for providing the same service to persons not entitled to Medicaid benefits.

Wisconsin Medicaid fiscal agent

The Wisconsin Medicaid fiscal agent is the company under contract to the DHFS to process claims for services provided under Medicaid. The current fiscal agent is EDS.